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ABSTRACT

This brief paper summarizes issues and strategies in early intervention with infants and toddlers who have visual impairments. Characteristics of exemplary early intervention services are identified including collaboration with families and other professionals in the Individualized Family Service Plan process and home visits that promote functional outcomes for both the child and family. Issues specific to visual impairments are addressed. These include parental depression and resulting poor development of attachment behavior, determination of amount of useful vision the child has, associated medical issues, and the impact of visual impairment on child development. Strategies for providing exemplary services emphasize use of family-centered practices, multidisciplinary team collaboration and service coordination, support-based intervention (emotional, material, and informational support), development of functional outcomes (stressing engagement, independence, and social relationships), and effective home visits. (DB)

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Infants and Toddlers with Visual Impairments: Suggestions for Early Interventionists

Deborah D. Hatton, R. A. McWilliam, and P. J. Winton

The intervention needs of infants and toddlers differ considerably from those of children with visual impairments (VI) and blindness who are kindergarten age and older. Early intervention for infants and toddlers should be family-centered while also addressing VI-specific needs. Because significant visual impairments often result in developmental delays and make it difficult to access visual learning environments, infants and toddlers typically qualify for special education services. Exemplary services include the following strategies:

- Establish reliable alliances (Turnbull & Turnbull, 2001) with families and other service providers based upon family and child strengths, respect for diversity and culture, and collaboration.
- Collaborate with families and other professionals to complete the Individualized Family Services Plan (IFSP) process.
- Serve as an effective member of the early intervention team, help families and other team members understand medical information, and be familiar with service coordination responsibilities.
- Approach early intervention from a support, rather than provision of services, perspective.
- Make home visits that promote functional outcomes for both the child and family.

Issues Specific to Visual Impairments

Because severe visual impairments may be evident at birth or shortly thereafter, parents may learn that their child has VI much earlier than do parents of children with other disabilities. It is important for early interventionists to be aware of possible depression in the parents of infants and toddlers with VI. All new mothers are at risk for postpartum depression, and parents of children with disabilities are known to be at greater risk for depression. (e.g., Schon, 1999)

Parental depression can interfere with the development of attachment that is critical for social and emotional development. In addition, the VI might also impede attachment. First, the infant may not be able to make the direct eye-to-eye contact that is critical to the attachment process (Schore, 1994). Second, the infant may display adaptive behaviors that are misinterpreted by caregivers. Infants with VI may remain quiet in order to listen to sound cues. Rather than smiling, cooing, and reaching for caregivers who approach the crib, they may become very still as they listen for caregivers. By softly talking to the baby as they approach, caregivers can provide alternative sensory cues to elicit smiles and coos and make interactions more enjoyable. Effective early interventionists help caregivers interpret their infants' behaviors as well as help them learn to adapt to the environment so that the infant receives sensory information as effectively as possible.

Because visual impairments involve medical diagnoses, the family may want to know as much as possible about the infant's eye condition and prognosis. Consequently, early interventionists must work with vision specialists on the child's team and be knowledgeable about the child's condition and appropriate resources in order to help interpret information, if needed. As with other disabilities, parents often report negative experiences during diagnosis. Eye specialists may not explain that children with legal blindness may have useful vision and may even become print readers rather than Braille readers. Additionally, parents may not understand that it is difficult to determine the amount of useful vision an infant has and that visual function can improve over time.

For the past ten years, the leading causes of visual impairment in infants and toddlers have included retinopathy or prematurity (ROP), cortical visual impairment (CVI), and optic nerve hypoplasia (ONH) (Hatton & Model Registry of Early Childhood Visual Impairment Collaborative Group, 2001). Infants who have ROP are among the smallest and sickest and may be at risk for multiple disabilities. Medical issues may be priorities for these families. Children with CVI typically have other disabilities that have an impact on early development and intervention. Finally, infants with ONH are at risk for associated conditions such as diabetes and deficiencies of human growth hormone that may impede both physical and mental development. These three most prevalent eye conditions demonstrate the complex medical issues that may present challenges to early interventionists.

In addition to being knowledgeable about medical issues specific to infants and toddlers with VI, early interventionists must understand the impact of visual impairment on development. This knowledge can assist families in adapting the environment and their interactions with their children to enhance sensory information. A discussion of these issues is beyond the scope of this digest; however, Chen (2001) provides a helpful discussion of these issues. For example, VI can affect early cognitive and motor skills, with fine motor, object manipulation, symbolic play, and other skills developing later.

Strategies for Providing Exemplary Services

Family-Centered Practices. Family-centered practices emphasize family strengths, empowerment of families to make their own decisions, collaboration between the family and other professionals, and a holistic view of the family. By establishing respectful relationships with families and by understanding and honoring diversity, early interventionists demonstrate family-centered practices.

Providing support to the family in natural environments and with sensitivity to the family ecology enables parents to understand and enhance their child's abilities.

Teams and service coordination. Part C of IDEA (1997) requires that a multidisciplinary team assess infants and toddlers and develop the IFSP development so that at least two different disciplines are involved. Input from many disciplines may be required to address the family's priorities and the child's needs. The team for a child with VI should include a vision specialist and an orientation and mobility specialist as well as the early interventionist and other educators and diagnosticians. Therefore, early interventionists must be able to work collaboratively with parents and a variety of professionals on the early intervention team.

Part C also mandates that each family have a service coordinator who is responsible for the development, implementation, and monitoring of the IFSP and the transition to preschool. The transdisciplinary model of service delivery, in which a primary service provider is the main contact between the early intervention team and the family, is one model for meeting this requirement. This primary service provider maintains close contact with all team members and the family and helps integrate the recommendations of various disciplines into a holistic plan that addresses the family's priorities. The early interventionist should be prepared to take this role; however, a teacher of children with visual impairments may also serve as the primary service provider.

Support-based early intervention. Because the IFSP should focus on family and child strengths while also addressing the family's priorities, early interventionists are increasingly providing broad-based support rather than individual child-centered therapy. McWilliam and Scott (2001) suggest that support provided by early interventionists falls into the following categories:

- **Emotional support**—includes the following characteristics or behaviors (McWilliam, Tocci, & Harbin,1998):
  - *positiveness* about the child and the family
  - *responsiveness,* including taking action when appropriate
  - *orientation to the whole family*, not just the child
  - *friendliness*
  - *sensitivity*
  - *competence* with and about children
  - *competence* with and about communities.
- **Material support**—resources to implement interventions that meet family priorities: access to equipment, supplies, assistive technologies, and information about financial resources, and food.
- **Informational support**—information about child development (what comes next, what are other children this age doing), the child's condition or disability, resources and services, and activities that will enhance the child's development.

Developing functional outcomes. Functional outcomes are outcomes that make day-to-day life for both the infant or toddler and family easier while also promoting the child's development. Functional outcomes for young children with disabilities include

- **Engagement**—the amount of time a child spends interacting with the environment in a developmentally and contextually appropriate manner.
- **Independence**—functioning with as little assistance from others as possible. Families differ in how independently they want their young children to do things, and these differences are sometimes determined socioculturally .
- **Social relationships**—the ability to communicate, get along with others, develop trust, interact appropriately, play appropriately, and form friendships. Social relationships change as the child ages, and they serve as the motivation and foundation for learning and competence.

Ideally, routines-based assessment will be used prior to the development of the IFSP to identify functional outcomes that are family priorities as well as the daily routines within which they occur. Routines-based assessment involves an informal interview in which the family discusses daily routines with the early interventionist to identify priorities for early intervention that (a) are functional, (b) enhance daily life for the family, and (c) promote the child's development.

Effective home visits. Most early intervention is provided during weekly home visits that last about one hour, often beginning with a discussion about current family concerns and priorities. Early interventionists must collaborate closely with the family; working with the child in isolation cannot be expected to have much, if any, impact since infants and toddlers cannot generalize information. If early interventionists focus on support to the family, they can provide intervention that addresses the family's immediate concerns and priorities and can take advantage of the "teachable moment" when families are most motivated to actually implement recommendations. Skillful early interventionists realize this and are flexible enough to adapt recommendations to meet the family's current and ongoing priorities.

References

Chen, D. (2001). *Visual impairment in young children: A Review of the literature with implications for working with families of diverse cultural and linguistic backgrounds* (Tech. Rep. No. 7). University of Illinois at Urbana-Champaign, Early Childhood Research Institute on Culturally and Linguistically Appropriate Services. Retrieved April 29, 2002 from http://clas.uiuc.edu/techreport/tech7.html#c2

Hatton, D. D., & Model Registry of Early Childhood Visual Impairment Collaborative Group. (2001). Model Registry of Early Childhood Visual Impairment: First year results. *Journal of Visual Impairment and Blindness, 95*(7), 418-433.

McWilliam, R.A., & Scott, S. (2001). A support approach to early intervention: A three-part framework. *Infants & Young Children, 13*(4), 55-66.

McWilliam, R. A., Tocci, L., & Harbin, G. L. (1998). Family-centered services: Service providers' discourse and behavior. *Topics in Early Childhood Special Education, 18,* 206-221.

Schore, A. N. (1994). *Affect regulation and the origin of the self: The neurobiology of emotional development.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Shon, K. H. (Winter, 1999). Access to the World by Visually impaired preschoodlers *Re:VIEW, 30*(4).

Turnbull, A.P., & Turnbull, H.R. (2001). Building reliable alliances. In A.P. Turnbull & H.R. Turnbull (Eds.), *Families, professionals, and exceptionality* (pp. 56-82). Columbus, OH: Merrill Prentice Hall.

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